

PART B - FEE(S) TRANSMITTAL

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31217 7590 12/08/2008

LOCTITE CORPORATION
1001 TROUT BROOK CROSSING
ROCKY HILL, CT 06067

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(Depositor's name)

(Signature)

-(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/527,152 11/21/2005 Matthias Haller ICC-241-255/PCTUS 3193

TITLE OF INVENTION: APPARATUS FOR THE APPLICATION OF A CURABLE COMPOSITION TO A FASTENER AND CURABLE COMPOSITIONS SUITABLE FOR APPLICATION TO A FASTENER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/09/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
TADESSSE, YEWEBDART	1792	118-621000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed	Steven C. Bauman James E. Piotrowski
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Loctite (R&D) Limited
 Henkel Loctite Deutschland GmbH

Dublin, Ireland
 Munchen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-1250 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

James E. Piotrowski

Date 2-5-2007

Registration No. 43,860

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